Authorization For SurePay Automatic Bill Payment Service

I authorize SRP to arrange a SurePay Automatic Payment Service for me and to initiate electronic fund transfer to pay the electric bill for the customer named below.

Customer Name _____**SRP Account #** _____

Payer Name _____Telephone _____

Mailing Address _____
       Street   City   State   Zip

Service Address _____
       Street   City   State   Zip

I also authorize the following financial institution to accept the fund transfers and charge my checking or savings account shown below to pay SRP electric bills or to credit my account if it is necessary to make corrections.

Financial Institution _____

Bank Account Number _____
       (Include all numbers on the lower left side of the check. And please remember to include a **voided check**.)

TYPE: Ž Checking Ž Savings

Signature _____ Date _____
     Signature required for processing.

Please deduct the following amount for Project SHARE in addition to my bill amount

$_____

• Complete and mail this form, along with **voided check** to: SRP, SurePay Administration, PAB 306, P.O. Box 52025, Phoenix, AZ 85072-2025